



Pharmacy



Prior Authorization Criteria for Non Federal Ceiling Price Meds

Background

The law governing the Department of Defense (DoD) TRICARE Pharmacy Benefit Program requires drug companies to provide discounted drug prices for DoD beneficiaries' prescriptions filled at retail pharmacies. When drug companies choose not to provide discounts required by law, their products can be placed in a special non-formulary class. TRICARE beneficiaries will have to pay 100 percent of the cost of medications in this special non-formulary class if the prescription is filled at a retail pharmacy.

However, DoD beneficiaries will still be able to fill the prescription for the current non-formulary cost share for up to a 90 day supply through the TRICARE Mail Order Pharmacy, also known as Home Delivery

Alternative products are available through TRICARE Pharmacy Home Delivery, or at a Retail Network Pharmacy with the associated cost share. To review alternative products you may go to http://pec.ha.osd.mil/formulary_search.php.

Effective Date – 27 June 2012

Prior Authorization Criteria for Non Federal Ceiling Price Meds

- Use of all formulary agents is contraindicated.
- Obtaining the product from Home Delivery will be detrimental to the patient (e.g. due to urgency post-surgery, etc.)
- The requested agent is a branded product with AB generic availability, and use of the generic product would be detrimental to the patient.

www.tricare.mil is the official Web site of the
TRICARE Management Activity,
a component of the [Military Health System](#)
Skyline 5, Suite 810, 5111 Leesburg Pike,
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Medications Subject to Non-Federal Ceiling Price Requirements Filled at Network Retail Pharmacies

Prior Authorization Request Form



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To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE Retail Pharmacy Program (TRRx) at retail pharmacies. Express Scripts is the TRRx contractor for DoD.

The law governing the Department of Defense (DoD) TRICARE Pharmacy Benefit Program requires drug companies to provide discounted drug prices for DoD beneficiaries' prescriptions filled at retail pharmacies. When drug companies choose not to provide discounts required by law, their products can be placed in a special non-formulary class. The beneficiary will have to pay 100 percent of the cost of medications in this special non-formulary class if the prescription is filled at a retail pharmacy without preauthorization. However, the beneficiary will still be able to fill the prescription for the current non-formulary cost share for up to a 90-day supply through the TRICARE Mail Order Pharmacy, also known as Home Delivery.

MAIL ORDER and RETAIL	<ul style="list-style-type: none">The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477
	<ul style="list-style-type: none">The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TPharmPA@express-scripts.com

The PA criteria listed below do not apply to any point of service other than retail network pharmacies.

Step 1 Please complete patient and physician information (please print):

1	Patient Name: _____	Physician Name: _____
	Address: _____	Address: _____
	Sponsor ID #: _____	Phone #: _____
	Date of Birth: _____	Secure Fax #: _____

Step 2 Please complete the clinical assessment. Please answer all questions and provide an explanation for any "Yes" response.

Drug for which Prior Authorization is requested:

1. Is use of a formulary agent contraindicated?	<input type="checkbox"/> Yes – Provide explanation and proceed to question 2	<input type="checkbox"/> No Proceed to question 2
2. Would obtaining the product from Home Delivery be detrimental to the patient?	<input type="checkbox"/> Yes – Provide explanation and proceed to question 3	<input type="checkbox"/> No Proceed to question 3
3. If the requested agent is a branded product with an A-rated generic available, would use of the generic product be detrimental to the patient?	<input type="checkbox"/> Yes – Provide explanation and sign/date below	<input type="checkbox"/> No Sign and date below

Step 3 I certify the above is true to the best of my knowledge.

Please sign and date:

Prescriber Signature

Date